

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

015-

SFUND RECORDS CTR

999000247

PRODUCER OF WASTE (Must be filled by producer)

Name: Alcoa
(PRINT OR TYPE)

CODE NO.

Pick up Address: _____
(NUMBER) (STREET) (CITY)

Telephone Number: _____ P.O. or Contract No. _____

Order Placed By: _____ Date: 5-11-78

Type of Process

which Produced Wastes: _____

(Examples: metal plating, equipment cleaning, oil drilling
wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

1. ☐ Acid solution6. ☐ Tetraethyl lead sludge11. ☐ Contaminated soil and sand2. ☐ Alkaline solution7. ☐ Chemical toilet wastes12. ☐ Cannery waste3. ☐ Pesticides8. ☐ Tank bottom sediment13. ☐ Latex waste4. ☐ Paint sludge9. ☐ Oil14. ☒ Mud and water5. ☐ Solvent10. ☐ Drilling mud15. ☐ Brine☐ Other (Specify) _____

CODE NO.

Components:
(Examples: Hydrochloric acid, lime, caustic soda,
phenolics, solvents (list), metals (list),
organics (list), cyanide)

Upper

Concentration:
Lower %

ppm

1.				
2.				
3.				
4.				
5.				
6.				

Hazardous Properties of Waste:

pH 7 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosiveBulk Volume: _____ ☐ gal ☐ tons ☒ barrels (42 gal.) ☐ other (SPECIFY)Containers: _____ ☐ drums ☐ cartons ☐ bags ☐ other (SPECIFY)Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (SPECIFY)

Special Handling Instructions (if any): _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

HAULER OF WASTE (Must be filled by hauler)

ASBURY OIL CO.

13419 Halldale Ave., Gardena, California 90249

Phone: (213) 321-1392

CODE NO.

Pick Up: 5 11 78 Time: _____
(DATE) (TIME)State Liquid Waste Hauler's Registration No. (if applicable): 15

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☒ vacuum truck _____ barrels, ☐ flatbed, ☐ other (SPECIFY)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATIONS DIV CODE NO.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

Handling Method(s):

☐ recovery☐ treatment (specify): _____ CODE NO.☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well☐ other (specify): _____ CODE NO.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 5/11/78

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF AUTHORIZED AGENT AND TITLE

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

COPY TRACED FROM LEGIBLE DOC. 3/92

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name _____